

PUBLIC HEALTH AND MEDICAL (EMERGENCY FUNCTION 08)
SITUATION REPORT
EBOLA VIRUS DISEASE (EVD) OUTBREAK
DATE OF REPORT: AUGUST 29, 2014
OPERATIONAL PERIOD: AUGUST 20-28, 2014
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)
EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)

EXECUTIVE SUMMARY

The outbreak of Ebola Virus Disease (EVD) in the West African nations of Guinea, Sierra Leone, and Liberia continues to expand. A cluster of cases has also been identified in Nigeria. As of August 28, the U.S. Centers for Disease Control and Prevention (CDC) has reported a cumulative total of 3069 suspect and confirmed cases and 1552 deaths. CDC has advised travelers to avoid all non-essential travel to the West African nations of Guinea, Sierra Leone, and Liberia. CDC has also issued a level 2 travel notice for Nigeria. Based on the current situation in West Africa, CDC considers the risk of importation of EVD into the United States to be very low. However, the outbreak is evolving, and this assessment may change. A separate outbreak of EVD was reported this week in the Democratic Republic of Congo (DRC) in Central Africa. Currently there are no clear epidemiologic links with the ongoing outbreak in West Africa and the outbreak of EVD in the DRC.

Both CDC and the California Department of Public Health (CDPH) continue to prepare for the unlikely event that a traveler returning to California from one of these countries is infected with Ebola virus. Such persons may develop illnesses and require medical evaluation. State and local public health officials in California are monitoring the situation closely and taking steps to keep the public safe. **There are currently no confirmed or suspect cases of Ebola under investigation in California. At present, the weekly situational assessment for the risk of Ebola infection in California is very low.**

CDPH continues to work with the healthcare community and local health jurisdictions to identify potential suspect cases and avoid spread of the disease. As new guidelines and updated guidelines are released by CDC, the CDPH Communicable Disease Emergency Response (CDER) Branch's subject matter experts review the guidelines. After the guidelines are reviewed, they are posted on the CDPH CDER website available at: (<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>).

CDPH continues to direct healthcare providers to follow protocols established by the CDC about how to detect and isolate patients who may have Ebola and how they can

protect themselves from infection. The CDC advises that healthcare providers in the U.S. should consider Ebola infection in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected West African nations. The CDC advises people returning from the affected areas who may be at high risk for Ebola should be promptly isolated and their blood sent to CDC for testing.

DUTY OFFICERS ON CALL

Table 1. Duty Officers On Call		
Agency/Program	Duty Officer Information	
CDPH Duty Officer	Name:	Raaz Fares
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	Andrew Vellos
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Patrick Lynch
	Contact Information:	916-423-0911

CDPH CURRENT OPERATIONS

The CDPH internal workgroup to address all public health aspects of the Ebola response continues to meet bi-weekly.

Center for Infectious Diseases Division of Communicable Disease Control (DCDC)

Epidemiology

- **There are currently no confirmed or suspect cases of Ebola under investigation in California.** CDPH has received several questions about management of health care workers returning from West African countries where EVD is actively circulating with regard to need for quarantine and ability to return to work. Callers have been advised about the current CDC guidance “Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure” (available at <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>), which provides recommendations depending on degree of exposure to EVD patients and whether the returning traveler is asymptomatic or symptomatic.

Surveillance

- The CDC guidelines for identifying suspect cases of Ebola virus infection in persons with specific clinical and epidemiologic risk factors has been updated and are available at: (<http://www.cdc.gov/vhf/ebola/hcp/case-definition.html>). The main changes to the revised case definition include clarification of previous language (e.g., what comprises “close contact”). All suspect cases must be reported to the local health jurisdiction. The local health jurisdictions will work with the DCDC clinical consultants to determine the risk level of suspect cases.

Laboratory

- The CDC Interim Guidance for Specimen Collection, Transport, Testing and Submission for Patients with Suspected Infection with Ebola Virus Disease was updated on August 26, 2014 and is available at: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html> and <http://www.cdc.gov/vhf/ebola/pdf/ebola-lab-guidance.pdf>. The CDER team, working closely with the Healthcare-Associated Infections (HAI) program and the Occupational Health Branch, have reviewed the revised version for release, which recommends that appropriate personal protective equipment (PPE) for specimen collection and laboratory testing includes gloves, water-resistant gowns, full face shield or goggles, and masks to cover all of nose and mouth. If the biosafety officer determines that aerosol generating procedures are being conducted during laboratory testing, California workplaces would be required under the Cal/OSHA Aerosol Transmissible Diseases standard (8 CCR section 5199) to follow the safe practices required for Ebola virus as outlined in the Biosafety Plan, including respiratory protection such as face shields and N95 masks, if deemed necessary to control exposure.

Infection Control

- CDC had previously issued the “Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals” (available at: <http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>) and “CDC Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus” (available at <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>)
- In the past week, CDER and HAI subject matter experts reviewed newly released CDC guidances, including the “Guidance for Safe Handling of Human Remains of Ebola Patients in U. S. Hospitals and Mortuaries” (available at: <http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>).
- CDER and HAI subject matter experts, in collaboration with the Emergency Medical Services Authority (EMSA), also reviewed a newly released interim guidance for 9-1-1 public safety answering points (PSAPs) and emergency medical services (EMS) systems for managing patients with known or suspected Ebola in the United States (available at: <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>). This CDC guidance recommends questions that PSAPs should ask callers about risk factors and signs and symptoms of Ebola,

including questioning *all callers who report fever* regarding history of travel during the 21 days prior to onset of fever to a region where an Ebola outbreak is occurring. PSAPs should also alert first responders and EMS personnel prior to arrival on scene regarding any person with possible Ebola, and to notify the CDC Quarantine Station if responding at an airport or other port of entry to the United States. The guidance also addressed recommendations for personal protective equipment (PPE) to be used by EMS personnel responding to a call regarding a person with possible Ebola, and outlines additional recommendations for EMS transfer of patients with suspected Ebola to healthcare facilities, including inter-facility transport considerations and cleaning of EMS vehicles after transporting a patient with suspected or confirmed Ebola. The CDC guidance and accompanying commentary will be distributed to EMS community for use by dispatch and EMS first-responders.

- CDPH has also created an “Ebola Flyer for Medical Centers” that can be distributed to hospitals to post in urgent clinic and emergency room waiting rooms and triage areas. The posters remind patients who have recently traveled to areas where EVD is present and with concerning symptoms to self-identify to hospital staff so that early infection control measures can be implemented, and to avoid exposure of health care worker staff to patients with possible EVD. The CDPH posters are available at URL:
<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>.

Medical Countermeasures

- There are no updates at this time.

Community Mitigation

- There are no updates at this time.

Other DCDC Actions

- “Ebola Virus Information Page” created and available on the CDPH Communicable Disease Emergency Response Branch website at:
<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>.

Environmental Management Branch (EMB)

CDPH Environmental Management Branch (EMB) participated in a brief teleconference with the CDC on 8/22/2014. Treatment before moving medical waste and after moving medical waste offsite was discussed. It was determined that pre-treatment was not necessary. Procedures for handling the waste of a suspected case were discussed. CDC will be providing a guidance document soon.

Emergency Preparedness Office (EPO)

EPO is supporting coordination of the CDPH response to Ebola and is prepared to activate the MHCC, if required.

CAHAN Alerts

- 8/22/14 – *CDPH Ebola Alert Poster*

Office of Public Affairs (OPA)

No new press activity

EMSA CURRENT OPERATIONS

EMSA is prepared to coordinate with EPO if there is a need to activate the MHCC.

EMSA is also reviewing potential guidance for infection control measures for emergency first responder personnel.

OPERATIONAL AREA CURRENT IMPACTS/ACTIONS

Current impacts/actions for Operational Areas are not included in this situation report as local situation reports have not been requested or provided at this time.

MHCC PUBLIC INFORMATION**Press Releases Issued**

No press releases issued during this time period.

Public Health Advisories in Effect

None

Media Contact of Note

None

Fact Sheets

No new fact sheets created or posted

MHCC RESOURCE REQUESTS

N/A

MHCC FINANCIAL IMPACTS

N/A